

SPARC Drug Discovery
Peter Gilgan Centre for Research and Learning
The Hospital for Sick Children
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BP Request/Entry Clone Generation Form

Section I: Requestor Information

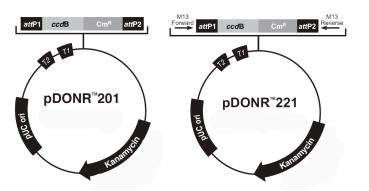
Order Information	Billing Information			
Date:	Bill To:			
Requestor's Name:	Address:			
Department:	Address:			
Requestor's Email Address:	Cost Centre [Internal Users Only]			
Requestor's Phone Number:	FOR EXTERNAL CUSTOMERS: please pay by Credit Card by logging into			
Principal Investigator:	https://payments.research.sickkids.ca/ and providing facility name, invoice			
	number, client number, and invoice amount			

attB PCR Product Details

#	DGD D. J. A.V.	PCR Product Concentration	Gel Purified		Entry Vector	
	PCR Product Name		Yes	No	pDONR 201	pDONR 221
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						



pDONR Vectors:



Special Instructions: